

Finance and Administration Cabinet STANDARD PROCEDURE	PAGE: 1 OF
ISSUED BY: Office of Administrative Service, Division of Human Resources	
EFFECTIVE DATE: 4/20/05	
PROCEDURE # 2.9	
SUBJECT: Injury Claims for Worker's Compensation	
DISTRIBUTION CODE:	CONTACT: Director, Division of Human Resources (502) 564-7233

I. PURPOSE

The Finance and Administration Cabinet (Cabinet) participates in the Workers' Compensation Fund Program and its procedures as established by KRS 342.038. The Workers' Compensation Act requires the employer to pay for the medical services reasonably necessary for cure and relief from the effects of a workplace injury or disease. To insure both proper and correct notification and processing of workplace injury or disease, the Cabinet shall abide by the procedures established by the Personnel Cabinet for documenting workplace injury and disease.

A Cabinet employee who is injured at work or who is involved in any accident at work that could result in later injury, such as a fall, is encouraged to file a worker's compensation claim. The timely filing of a workers' compensation claim provides accurate documentation of the facts of an injury-causing accident and protects both the worker and the Cabinet if there is a need for worker's compensation benefits.

II. WORKERS' COMPENSATION PROCEDURE

A. Responsibilities in filing claims

1. The employee shall:

- Notify supervisor as soon as possible after any work-related injury or discovery of a medical condition possibly related to work, regardless of whether medical attention has been or will be sought;
- Provide information to the supervisor for the completion of [First Report of Injury or Illness Form](#) (7. Forms – 2.9/a) and sign the form;
- Sign the [Medical Waiver and Consent Form](#) (7. Forms – 2.9/b) and the [Sick Leave – Workers' Compensation Form](#) (7. Forms – 2.9/c). These forms can be obtained from the supervisor;
- In cases where medical attention is required, obtain from the supervisor a [Report of Medical Status](#) (7. Forms – 2.9/d) for the physician's use;
- Make medical providers aware of the filing of a worker's comp claim when they seek services related to the claim;
- Endorse all wage benefit compensation checks and turn over to the Workers' Compensation Coordinator for proper payroll processing; and

Finance and Administration Cabinet STANDARD PROCEDURE	PAGE: 2 OF 3
ISSUED BY: Office of Administrative Service, Division of Human Resources	
EFFECTIVE DATE: 4/20/05	
PROCEDURE # 2.9	
SUBJECT: Injury Claims for Worker's Compensation	

- Submit originals of all receipts, bills and other documentation to the Workers' Compensation Coordinator, Division of Human Resources, 392 Capitol Annex, Frankfort, Kentucky 40601.

NOTE: It is understood in cases where medical attention is immediately required, these forms shall be filled out as soon as possible.

2. The supervisor shall:

- Provide employees with all necessary forms;
- Complete the [First Report of Injury or Illness Form](#) (7. Forms – 2.9/a) with the assistance of the employee and, where needed, the Division of Human Resources;
- Notify the Personnel Cabinet Workers' Compensation Branch within three (3) working days of becoming aware of the injury or condition;
- Forward the **original** of all signed forms to the Workers' Compensation Coordinator, Division of Human Resources, Room 392 Capitol Annex, Frankfort, Kentucky 40601.

3. The Division of Human Resources shall:

- Provide training and information concerning Workers' Compensation to all supervisors;
- Send the appropriate forms and documentation to the Personnel Cabinet Workers' Compensation Branch;
- Calculate wage compensation benefits.

B. Loss of Work Days

The supervisor shall complete and submit the [Loss of Time and Return to Work Form](#) (7. Forms - 2.9/e) to the Workers' Compensation Coordinator for:

- The first day of any instance where one or more days of work are lost by the employee due to the injury;
- Each subsequent return to work;
- in a case of the death of an injured employee; and
- Do not include the day of injury as a lost day of work.

Finance and Administration Cabinet STANDARD PROCEDURE	PAGE: 3 OF 3
ISSUED BY: Office of Administrative Service, Division of Human Resources	
EFFECTIVE DATE: 4/20/05	
PROCEDURE # 2.9	
SUBJECT: Injury Claims for Worker's Compensation	

C. Claim Assistance

In order to maintain complete records, supervisors and employees of the Cabinet who have questions or need assistance with a Workers' Compensation claim should contact the Workers' Compensation Coordinator in the Division of Human Resources, 392 Capitol Annex, Frankfort, Kentucky 40601 (502) 564-7233.

III. REFERENCES

- [KRS 342.038](#)
- [101 KAR 2:140](#)

IV. FORMS

- [First Report of Injury or Illness Form](#) (7. Forms - 2.9/a)
- [Medical Waiver and Consent Form](#) (7. Forms - 2.9/b)
- [Sick Leave - Workers' Compensation Form](#) (7. Forms - 2.9/c)
- [Report of Medical Status](#) (7. Forms - 2.9/d)
- [Loss of Time and Return to Work Form](#) (7. Forms - 2.9/e)

NO STANDARD PROCEDURE MAY BE REVISED BY ADDENDUM, MEMORANDUM OR ANY OTHER MEANS OTHER THAN THOSE SET OUT IN STANDARD PROCEDURE # 1.1 ENTITLED "FINANCE AND ADMINISTRATION CABINET PROCEDURES AND MANUAL."

DISTRIBUTION CODES:

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